This form is also available online at http://www.ci.waukesha.wi.us/dept/building/FORMS.htm CITY OF WAUKESHA * 201 DELAFIELD ST., Room 200 * WAUKESHA, WI 53188 * (262) 524-3530

DEPARTMENT OF COMMUNITY DEVELOPMENT - BUILDING INSPECTION

APPLICATION FOR EARLY START & FOOTING & FOUNDATION (NEW)

| | | Permit No | | |
|--|---|---|---|--|
| Job Address: | | Today's Date: | | |
| Initials | The undersigned hereby applies for a permit to do work herein described according to the plans and specifications file herewith. The undersigned assures that the above mentioned plans and specification have been designed to comply we all building, zoning and health ordinances and all other ordinances of the City of Waukesha as well as all applicable law and orders of the State of Wisconsin. | | | |
| Initials | The undersigned is aware this is an application to proceed at your own risk in the construction of the below grade footin and foundation associated with the project only. Any change to the footings and foundations as required by the subseque building plan review and approval are considered to be a condition of this approval. | | | |
| Initials | | I is aware that the approval of this application is not to be construed as an approval to proceed with any site ction prior to first gaining the appropriate approvals from other City Departments including but not limited to I Public works. | | |
| Scope of | f Work: | | | |
| | | | | |
| | | | | |
| Contracting Company | | Dwelling Contractor Certific | cation # | Exp Date |
| Contractor's Name: | | Dwelling Contractor Qualifier # | | Exp Date |
| Address | | Contractor's Registration # | | Exp Date |
| City | | State | Zip | |
| Telephor | ne # | Fax # | | |
| Estimate | ed Cost: | | Area: | |
| Licensed Electrical Contractor | | Architect / Designer / Engineer | Designer / Engineer Licensed Plumbing Contractor | |
| Owner | | Telephone | | |
| Address | | | | |
| **Permits when the dare limited owner of the | will be issued on the same day as re office is open for business.(Subject to d in scope as spelled out on the approheir responsibility to be in compliance. | Multi-Family, or Commercial building ceived if the properly completed applicate staff availability.) The use of this option opriate application form. The issuance of with all code requirements and the applications associated with this application, use | tion form is subminal form applies to of this permit does olicant accepts any | those alteration projects which not relieve the applicant and/or y and all risks and liabilities. If |
| Print Applicant's Name | | | Email Address | |
| Signature of Applicant / Date | | - FOR OFFICE USE ONLY - | Signature of Approval / Date | |
| Zoning District | | Permit fee | \$275 commerc | sial |
| Initials of Receiver | | i cilliit lee | \$275 confinero | |
| Must subm | nit a Building Permit Application OR a d Foundation Permit Application as w | | WEED TOSIGETIE | ω. Ψ |

RESIDENTIAL (includes 1 & 2 Family)

If the project is attached to the Residence, Contractor must have the following:

DWELLING CONTRACTOR CERTIFICATION

Is issued by the State to insure the contractor complies with:

- 1. Worker's compensation requirements.
- 2. Unemployment compensation requirements
- 3. Liability or bond insurance requirements.

AND

DWELLING CONTRACTOR QUALIFIER

Is issued by the State after the contractor has completed 12 hours of approved training and has passed an exam.

Rev. 12/31/17 appl_Early start Foot & Found